DELAWARE CORRECTIONAL CENTER SUPPORT SERVICES OFFICE MEMORANDUM

n r		Support Services Secretary		06-78		
RE:	6 Months Ac	6 Months Account Statement				
DATE:	apul	2006,00				
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MEST.						
	- /	ur inmate account statement for to MUCA 3), みい(the mor	iths of		
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The follow		FILED				
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\underline{M}	<u>ONTH</u>	AVERAGE DAILY BAL	<u>ANCE</u>	FEB 3 -2006		
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	Viv	(-702)		pper and the second property and a second property of the second pro		
	Olc_	(-7.62)				
_	901	$\frac{(1.40)}{12271}$				
<u> </u>	Nauch	82.24				
	,	2/18/				
	erage daily bala	nces/6 months: \(\times \frac{1}{2} \frac{1}{2} \)		-		
Av				/		

Stary Shane

Individual Statement

Date Printed: 4/20/2005

Page 1 of 1

For Month of March 2005

\$90.41 Beg Mth Balance: MI Suffix Comments: QOL1 First Name James SU/1 Last Name Ross Current Location: 00167506 SBI

	4)						
	SourceName						
	PayTo		CVOP	REFUND	REFUND		
MO # or	Ck#						
	Trans#	76523	77197	78660	79862		
	Balance	\$69.97	\$0.00	\$20.44	\$102.63	\$102.63	
					1	ië.	-
Non-Medical	protr	\$0.00	\$0.00	\$0.00	\$0.00	Ending Mth Balance:	
Z	Medical Hold	\$0.00	\$0.00	\$0.00	\$0.00	Endir	
Deposit or Withdrawal	Amount	(\$20.44)	(\$69.97)	\$20.44	\$82.19		
	Date	3/3/2005	3/4/2005	3/8/2005	3/10/2005		
	Trans Type	Canteen	Pay-To	Canteen	Canteen		

Division of Child Support P.O Box 904 New CASTIE, De 19720

KNOW RECIED Money I HAVE KNOW ACOUNT

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